

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES**

**COMMUNITY PARTNERS**

**ABILITY-TO-PAY PLAN APPLICATION – MY HEALTH LA**

**138% FEDERAL POVERTY LEVEL**

**(Effective April 1, 2016 through March 31, 2017)**

<b>FAMILY MEMBERS LIVING IN THE HOME <sup>1</sup></b>	<b>TOTAL MONTHLY INCOME MAXIMUM <sup>2</sup></b>
1	at or below \$ 1,367
2	at or below \$ 1,843
3	at or below \$ 2,319
4	at or below \$ 2,795
5	at or below \$ 3,271
6	at or below \$ 3,747
7	at or below \$ 4,224
8	at or below \$ 4,703
9	at or below \$ 5,181
10	at or below \$ 5,660
11	at or below \$ 6,138
12	at or below \$ 6,616

More than 12 Members

For each additional member, add \$ 479

<sup>1</sup> Include unborn in family size.

<sup>2</sup> For ATP, all deductions are eliminated:

- \$90 per working person.
- Child Care
- Medical Insurance expenses, and
- Alimony/Child Support Paid